



PATENT
ATTORNEY DOCKET No: GUL019-224918

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HORSE MANURE AS A NATURAL FERTILISER AND METHOD FOR PRODUCING THE SAME

the specification of which is attached herewith unless the following box is checked.

was filed on July 9, 2003 as Application Serial No. _____
☒ or PCT Application No. PCT/EPO3/07413 and was amended on _____
(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed:

APPLICATION NO.	PRIOR FOREIGN/PCT APPLICATION(S) COUNTRY	DATE OF FILING	PRIORITY CLAIMED
<u>102 31 910.3</u>	<u>GERMANY</u>	<u>JULY 9, 2002</u>	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
<u>202 11 582.8</u>	<u>GERMANY</u>	<u>JULY 9, 2002</u>	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	DATE OF FILING
_____	_____
_____	_____

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT inter-national filing date of this application:

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120**

Application Serial No.	Date of Filing	Status (check one)		
		Patented	Pending	Abandoned
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And I hereby appoint Robert F. Zielinski, Registration No. 34,286; and Richard C. Weinblatt, Registration No. 45,500, my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Richard C. Weinblatt, Esq., Wolf, Block, Schorr & Solis-Cohen LLP, 1650 Arch Street, 22nd Floor; Philadelphia, Pennsylvania 19103-2097. Address all telephone calls to Robert F. Zielinski at (215) 977-2544 (telefax: (215) 405-2544).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE OR FIRST INVENTOR

Andreas <small>(GIVEN NAME)</small>	KUMMER <small>(FAMILY OR LAST NAME)</small>
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FULL NAME OF SECOND JOINT INVENTOR, IF ANY

<small>(GIVEN NAME)</small>	<small>(MIDDLE INITIAL OR NAME)</small>	<small>(FAMILY OR LAST NAME)</small>
Inventor's signature: _____		
Date: _____		
Country of Citizenship: _____		
Residence:	_____	
	<small>(City)</small>	<small>(State or Foreign Country)</small>
Post Office Address: _____		